

SURVEY OF CALIFORNIA LOCAL GOVERNMENT ELECTRONICS RECYCLING SERVICES

Deadline: May 24, 2002

Who should complete this form?

- Local government staff responsible for managing, implementing or funding electronics recycling collection services (even if you haven't yet provided such services).

Why your survey response is important!

- You will help inform decision makers about local government's costs and perspectives.
- You will help the CIWMB seek support for electronics recycling from industry and others through the National Electronics Product Stewardship Initiative (www.nepsi.org).
- You will help establish benchmarks that can be used for understanding, comparing and strengthening local government electronics recycling services.

Directions

- Complete this form by May 24, 2002 and fax it to 916-319-7202 or mail it to Boisson & Associates, PO Box 5248, Novato, CA 94948-5248. (You may also download it as a Microsoft word file, complete it on your computer and email the file to eboisson@att.net.)
- To save yourself time, feel free to reference attached documents or web links in your responses. (Please be as specific as possible.)
- Provide as much detail as you can -- you may not have all we're requesting.
- Use margins and attachments as needed.
- Clearly identify any information we should keep confidential. Otherwise, we may report some responses alongside aggregate results to illustrate trends.

Survey Assistance

Contact these representatives of CIWMB's contractor, Boisson & Associates:

Edward Boisson
Phone: 415-892-4648
eboisson@att.net

Lynne Cody
Phone: 530-271-1150
lcody@nccn.net

See the project web site at <http://www.ciwmb.ca.gov/Electronics/Stewardship/PSSP/default.htm> for downloadable survey forms and other information. Results will be posted in June 2002.

PART 1 – CONTACT INFORMATION

Date of Response: _____

1. Who is the primary contact person for electronics recycling services.

City/County/Special District		
Agency/Department		
Web Site	Phone	
Name	Title	
Fax	Email	
Mailing Address		
City	State	Zip

2. If different than above, who is completing this survey form?

Name	Title
Agency/Department	Phone
Fax	Email

3. On behalf of which cities and/or unincorporated county areas are you responding to this survey?

Cities:

Counties:

4. Has your agency provided any level of electronics recycling services in the past 12 months? (Yes or no) _____

If Yes, Continue to Question 5.

If No, Do you expect to begin providing electronics recycling services during the next 12 months? (Yes or no) _____ Skip to Question 21.

5. Place a check mark below if you do not want the CIWMB to include your program in a published list of local electronics recycling programs.

 Do not include our program in the CIWMB's published list.

PART 2 – OVERVIEW OF ELECTRONICS RECYCLING SERVICES

6. Identify and describe the types of electronics collection and processing services your agency manages, operates or funds.

Important Note on Defining “Programs”

Local situations vary tremendously. Define as many programs as necessary to accurately describe the range of your services. (Attach additional sheets if needed.). In questions 8 – 18 below we ask for information on costs, revenues and recycling results. You may provide aggregated information for all your programs combined or for each program separately – as you define them here.

	Program 1	Program 2	Program 3	Program 4
Type of Program (Check only one for each “program”)				
Drop-off				
Curbside				
Mobile				
Processing Facility				
Other				
Number of Sites (For curbside and mobile, # units served)				
Types of Locations (Check all that apply.)				
HHW Facility				
Recycling Center				
Transfer Station				
Disposal Facility				
Retailer				
Residences				
Misc. Businesses				
Other (specify)				
Date First Initiated (Mo./Yr.)				
Current Stage (Pilot, Permanent)				
Frequency Last 12 Months (Specify basis, e.g., days per week or per year)				
Frequency Next 12 Months (Specify basis, e.g., days per week or per year)				
Jurisdictions Served (Write “all” if all listed in question #3 above.)				

7. Questions 8 – 18 below ask for additional information on the programs you defined in question 6 above. Take a look at the questions we’re asking and indicate how you will respond.

_____ *I’m providing information on each program separately. (Copy pages 4-7 for each program and write the program number (as defined in question #6) at the top of each page.)*

_____ *I’m providing aggregated information on all our programs combined.*

8. Enter check marks to indicate which group(s) had primary responsibility for each recycling activity over the past year.

Activity		Local Gov’t. Staff	Contractors and Vendors	Grantees	Project Partners	Volunteers	Others
Administration	Planning						
	Project Management						
	Promotion						
	Tracking						
Collection Operations	Site Management						
	Site Set-up						
	Customer Service						
	Handling Materials						
	Operating Equip. (e.g., trucks, forklifts)						
Transportation to Processor							
Processing and Marketing							

9. Identify and describe the role of any project partners providing significant in-kind assistance. (e.g., retailers, charities, product producers)

10. What major changes occurred in your level of service over the past year?

11. What major changes do you expect in your level of service over the next year?

PART 3 – COSTS AND REVENUES

12. Describe the costs incurred by your jurisdiction for electronics recycling services over the past 12 months.

Cost Area	Description	Local Gov't. Cost (\$)
Local Government Staff and Operations	<i>Describe the amount of local government staff time dedicated to electronics recycling (e.g., equivalent personnel-years).</i> <i>a) Management & Administration Staff</i>	
	<i>b) Collection and Processing Operations Staff</i>	
	<i>Identify any significant costs beyond your agency's typical operating costs.</i> <i>a) Program Administration & Mgt. (e.g., publicity and promotion)</i>	
	<i>b) Operations (e.g., collection equipment rental, packaging supplies, storage facilities, disposal fees)</i>	
Contractors and Vendors	<i>Identify and describe the roles and cost terms (e.g., flat fee plus, \$ per participant or \$ per unit or per pound).</i>	
Grantees	<i>Identify and describe roles and cost terms (e.g., flat fee plus \$ per participant or \$ per unit or per pound).</i>	
Other		
TOTAL COST OF PROVIDING ELECTRONICS RECYCLING SERVICES		

13. What sources of revenue were used to cover electronics recycling services costs over the past 12 months?

(Check and describe all that apply)

✓	Funding Source	Description	Total Revenue From Source
	Local Agency Budget	<i>List primary funding sources.</i>	
	Participant Fees	<i>Describe the basis (e.g., \$5 per CRT or \$10 per car).</i>	
	Grants to Your Agency	<i>List sources and amounts (include cash provided by project partners).</i>	
	Recycled Electronics Market Sales	<i>List types of materials/products with value and approximate basis price received (e.g., per ton or unit.)</i>	
	Other	<i>List sources and briefly describe.</i>	
	TOTAL		

PART 4 – RECYCLING RESULTS

14. Who is allowed to participate in your recycling services?

☐ Individuals ☐ Residents Only?
☐ Small Businesses
☐ Large Businesses
☐ Schools
☐ Other:

15. How many participants have there been in your collection programs?

(e.g., # individuals, # households or #cars)

16. Which types of electronics products are accepted for recycling in your program(s)?

_____ Computer Monitors
_____ TVs
_____ Computers (CPUs)
_____ Computer Peripherals
_____ Other:

17. Identify how electronics collected over the past 12 months were managed.

Type of Electronic Product	Amount Collected	Amount Reused or Remanufactured	Amount Sent to a Recycling Processor or Broker	Amount Disposed	Amount Exported
<i>Use most convenient units (e.g., % or amount collected, pounds or units)</i>					
Computer Monitors					
TVs					
Computers (CPU)					
Computer Peripherals					
Other (specify):					
TOTALS					

18. Identify any steps you took to ensure that the collected products were managed in an environmentally sound manner.

(e.g., vendor certification, no export requirement, verbal commitments)

PART 5 – CONCLUSIONS AND SUGGESTIONS

19. What percent change in your agency's total expenditures on electronics recycling services do you expect in the next year? *(Specify increase or decrease.)*

20. What are the most critical lessons you learned to reduce cost or increase the effectiveness of local government electronics recycling efforts?

21. What are the most significant barriers to successful local government electronics recycling services?

22. The National Electronics Product Stewardship Initiative (NEPSI) is seeking voluntary agreements among private industry, government and others to strengthen electronics recycling. What would be the ideal outcome of this initiative?

23. How can California State agencies and legislators most effectively promote electronics recycling?

24. Please attach or provide web links to any written documentation on your local government's electronics recycling activities.

(e.g., fact sheets, program descriptions, resolutions on services or product stewardship, etc.)

Web Links:

Attachments:

Thank you for your time!

Survey results will be available in June. Interim results will be presented at the CIWMB-sponsored LISTENING TO LOCAL GOVERNMENT – Workshops on Electronics Product Stewardship in Long Beach (May 29) and Oakland (May 30).

See the project web site for more information:

<http://www.ciwmb.ca.gov/Electronics/Stewardship/PSSP/default.htm>.